## DO NOT DETACH S

ENTRY BLAN	ik SC	up	TG
PLEASE TYPI	E OR PRINT	Entered prev	vious May Show
		₩ ves	□ no
☐ Ms.			
Mr. Artist_	Kesty J. Ki	zevicius	
Permanent 1	8317 East Pa	irk Dr.	(Last Name Last)
44119	Street Tel. ( )	481-3777	City
Zip	Area Code		
Temporary or Studio Address			
	Street		City
	Tel. ( )		
Zip	Area Code		
	presently live in county		
Collaborator _	None		
	(If Any)		
	entries are not acc		old:
	hould dispose of.		
☐ Museum should ship to artist C.O.D. at this address:			
11/1/17	1561		

## **Special Instructions**

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

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DATE

REJECTED

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